

County: St. Croix
ST CROIX HEALTH CENTER
1445 N FOURTH ST
NEW RICHMOND 54017 Phone:(715) 246-6991

Facility ID: 8320

Page 1

Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/04): 72
Total Licensed Bed Capacity (12/31/04): 72
Number of Residents on 12/31/04: 72

Ownership:
Highest Level License: Skilled
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 70

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		30.6
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		34.7
Supp. Home Care-Household Services	No	Developmental Disabilities	2.8	Under 65	8.3	More Than 4 Years		34.7
Day Services	No	Mental Illness (Org./Psy)	19.4	65 - 74	4.2			-----
Respite Care	No	Mental Illness (Other)	16.7	75 - 84	33.3			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	45.8	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	8.3	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/04)		
Other Meals	No	Cardiovascular	13.9	65 & Over	91.7	-----		
Transportation	No	Cerebrovascular	1.4		-----	RNs		17.2
Referral Service	No	Diabetes	2.8	Gender	%	LPNs		7.7
Other Services	No	Respiratory	5.6		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	37.5	Male	25.0	Aides, & Orderlies		
Mentally Ill	Yes	-----	-----	Female	75.0			
Provide Day Programming for		100.0	-----		-----			
Developmentally Disabled	Yes		100.0		100.0			

Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care		Managed Care						
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0.0	0	4	7.8	154	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	4	5.6
Skilled Care	7	100.0	353	45	88.2	130	0	0.0	0	14	100.0	160	0	0.0	0	0	0.0	0	66	91.7
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	2	3.9	197	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	2.8
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	7	100.0		51	100.0		0	0.0		14	100.0		0	0.0		0	0.0		72	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				
		-----			-----	
Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/No Home Health	13.2	Bathing	2.8	50.0	47.2	72
Private Home/With Home Health	0.0	Dressing	12.5	73.6	13.9	72
Other Nursing Homes	7.5	Transferring	18.1	72.2	9.7	72
Acute Care Hospitals	73.6	Toilet Use	12.5	76.4	11.1	72
Psych. Hosp.-MR/DD Facilities	1.9	Eating	61.1	22.2	16.7	72
Rehabilitation Hospitals	1.9	*****				
Other Locations	1.9					
Total Number of Admissions	53	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	4.2	Receiving Respiratory Care	9.7	
Private Home/No Home Health	35.4	Occ/Freq. Incontinent of Bladder	68.1	Receiving Tracheostomy Care	1.4	
Private Home/With Home Health	6.3	Occ/Freq. Incontinent of Bowel	37.5	Receiving Suctioning	0.0	
Other Nursing Homes	2.1			Receiving Ostomy Care	8.3	
Acute Care Hospitals	2.1	Mobility		Receiving Tube Feeding	4.2	
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	2.8	Receiving Mechanically Altered Diets	30.6	
Rehabilitation Hospitals	0.0					
Other Locations	8.3	Skin Care		Other Resident Characteristics		
Deaths	45.8	With Pressure Sores	4.2	Have Advance Directives	76.4	
Total Number of Discharges		With Rashes	12.5	Medications		
(Including Deaths)	48			Receiving Psychoactive Drugs	66.7	

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Government Peer %	Group Ratio	Bed Size: 50-99 Peer %	Group Ratio	Licensure: Skilled Peer %	Group Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	97.2	93.1	1.04	89.0	1.09	90.5	1.07	88.8	1.09
Current Residents from In-County	88.9	86.2	1.03	81.8	1.09	82.4	1.08	77.4	1.15
Admissions from In-County, Still Residing	35.8	33.0	1.08	19.0	1.88	20.0	1.79	19.4	1.85
Admissions/Average Daily Census	75.7	79.1	0.96	161.4	0.47	156.2	0.48	146.5	0.52
Discharges/Average Daily Census	68.6	78.7	0.87	163.4	0.42	158.4	0.43	148.0	0.46
Discharges To Private Residence/Average Daily Census	28.6	29.9	0.96	78.6	0.36	72.4	0.39	66.9	0.43
Residents Receiving Skilled Care	97.2	89.7	1.08	95.5	1.02	94.7	1.03	89.9	1.08
Residents Aged 65 and Older	91.7	84.0	1.09	93.7	0.98	91.8	1.00	87.9	1.04
Title 19 (Medicaid) Funded Residents	70.8	73.3	0.97	60.6	1.17	62.7	1.13	66.1	1.07
Private Pay Funded Residents	19.4	18.3	1.07	26.1	0.74	23.3	0.84	20.6	0.95
Developmentally Disabled Residents	2.8	2.7	1.04	1.0	2.69	1.1	2.48	6.0	0.46
Mentally Ill Residents	36.1	53.0	0.68	34.4	1.05	37.3	0.97	33.6	1.07
General Medical Service Residents	37.5	18.6	2.01	22.5	1.66	20.4	1.84	21.1	1.78
Impaired ADL (Mean)	49.4	47.5	1.04	48.3	1.02	48.8	1.01	49.4	1.00
Psychological Problems	66.7	69.4	0.96	60.5	1.10	59.4	1.12	57.7	1.16
Nursing Care Required (Mean)	8.9	7.4	1.20	6.8	1.29	6.9	1.29	7.4	1.19